24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Local Voices	C C00531624
Check if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee Jen Sail	Date of Public Distribution/Dissemination
Jen San	09 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1604 Andalusia Ave	Amount
City State Zip Code	600.00
Venice CA 90291	Transaction ID : D528280 Date of Disbursement or Obligation
Purpose of Expenditure Casting services Category/ Type	08 03 / 2016
Name of Federal Candidate Support Office	e Sought: House District: 00
Hillary R Clinton Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbut 22818.98 Disbut 2016	ursement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Haze & Companies, LLC	09 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5517 State Rd	Amount
City State Zip Code	365.86
Wadsworth OH 44281-9781	Transaction ID : D528230 Date of Disbursement or Obligation
Purpose of Expenditure Media production expense Category/ Type	08 30 2016
Name of Federal Candidate Support Office	e Sought: House District: 00
Hillary R Clinton Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbut 22818.98 Disbut 2016	
	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	965.86
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	· · · · · · · · · · · · · · · · · · ·
	9 09 2016
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
Local Voices	C C00531624		
Check if 24-hour report 48-hour report New report Amends report filed	d on M M M / D D / Y Y Y Y Y		
Full Name of Payee Danielle Dougherty	Date of Public Distribution/Dissemination		
Danielle Douglierty	09 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 4152 West 229th Street	Amount		
City State Zip Code	400.00		
Cleveland OH 44126	Transaction ID : D528225 Date of Disbursement or Obligation		
Purpose of Expenditure Media production expense Category/ Type	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate Support Office	e Sought: House District: 00		
Hillary R Clinton Oppose	President Senate State:		
Calendar Year-To-Date Per Election for Office Sought Disb 2016	oursement For: Primary Seneral Other (specify)		
Full Name of Payee	Date of Public Distribution/Dissemination		
Jenni Moriello	09 07 2016		
Mailing Address 92 Gates Ave	Amount		
City State Zip Code	1667.87		
Brooklyn NY 11238	Transaction ID : D528227 Date of Disbursement or Obligation		
Purpose of Expenditure Media production expense Category/ Type	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate Support Office	ce Sought: House District: 00		
Hillary R Clinton Oppose	President Senate State:		
Calendar Year-To-Date Per Election for Office Sought Disk 201	oursement For: Primary General Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures	2067.87		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
	09 09 2016		
Signature			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	IDENT EXTEND	ITOTILO		PAGE 3 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Local Voices			C	C00531624
Check if 24-hour report 48-hour report	ort New rep	ort Amends repo	ort filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Richard Fleming			09	07 2016
Mailing Address 136 Coffey St			Amount	
City	State	Zip Code		2145.30
Brooklyn	NY	11231-1004		n ID : D528228 bursement or Obligation
Purpose of Expenditure Media production expense		Category/ Type	08	31 / 2016
Name of Federal Candidate		✗ Support	Office Sought:	House District: 00
Hillary R Clinton		Oppose	x President	Senate State:
Calendar Year-To-Date Per Election for Office Sought		22818.98	Disbursement For: 2016 Other (Primary X General specify) ▶
Full Name of Payee			Date of Pul	blic Distribution/Dissemination
RA Audio Visual, Ltd			09	07 2016
Mailing Address 1977 Bradley Rd			Amount	
City	State	Zip Code		1602.95
Westlake	ОН	44145-1731		ID: D528229 Sursement or Obligation
Purpose of Expenditure Media production expense		Category/ Type	08	31 2016
Name of Federal Candidate		✗ Support	Office Sought:	House District:00
Hillary R Clinton		Oppose	✗ President	Senate State:
Calendar Year-To-Date Per Election for Office Sought		22818.98	Disbursement For: 2016 Other (Primary
(a) SUBTOTAL of Itemized Independent Exp	ondituros			0740.05
(a) SOBIOTAL OF REMIZED INDEPENDENT EXP	enditures		•	3748.25
(b) SUBTOTAL of Unitemized Independent E	expenditures		•	7 1 7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Houston King Signature	[Electron	ically Filed] Date	9 09	
Olynatur e				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 4 OF 5 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Local Voices	C C00531624			
Check if X 24-hour report 48-hour report New report	Amends report filed on			
Full Name of Payee	Date of Public Distribution/Dissemination			
NCC Media	09 / 07 / 2016			
Mailing Address 405 Lexington Ave., 6th Floor	Amount			
City State Zip Code	de 12750.00			
New York NY 10174	Transaction ID : D528224 Date of Disbursement or Obligation			
Purpose of Expenditure Media time buy Catego Ty	gory/ 09 06 2016			
Name of Federal Candidate	x Support Office Sought: House District: 00 €			
Hillary R Clinton	Oppose President Senate State:			
Calendar Year-To-Date Per Election for Office Sought 22818	Disbursement For: Primary ★ General 2016 Other (specify) ▶			
Full Name of Payee	Date of Public Distribution/Dissemination			
Picture Bloom	09 / 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 92 Douglas Street	Amount			
City State Zip Cod	ode 2287.00			
Brooklyn NY 11231	Transaction ID : D528226 Date of Disbursement or Obligation			
Purpose of Expenditure Media production expense Catego Ty	gory/ Type 09 06 2016			
Name of Federal Candidate	x Support Office Sought: House District: 00 €			
Hillary R Clinton	Oppose President Senate State:			
Calendar Year-To-Date Per Election for Office Sought 22818	Disbursement For: Primary Seneral 2016 Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures				
	7 7			
(b) SUBTOTAL of Unitemized Independent Expenditures)			
(c) TOTAL Independent Expenditures	>			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Houston King [Electronically File	iled] Date 09 09 2016			
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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
Local Voices	C C00531624		
Check if 24-hour report 48-hour report New report Amends re	eport filed on		
Full Name of Payee	Date of Public Distribution/Dissemination		
Facebook	09 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 1 Hacker Way	Amount		
City State Zip Code	1000.00		
Menlo Park CA 94025-1456	Transaction ID : D528231 Date of Disbursement or Obligation		
Purpose of Expenditure Digital ad buy (Estimated) Category/ Type	09 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate Support	Office Sought: House District: 00		
Hillary R Clinton Oppose	President Senate State:		
Calendar Year-To-Date Per Election for Office Sought 22818.98	Disbursement For: Primary		
Full Name of Payee	Date of Public Distribution/Dissemination		
	M = M / D = D / Y = Y = Y		
Mailing Address	Amount		
City State Zip Code			
	Date of Disbursement or Obligation		
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y		
Name of Federal Candidate Support	Office Sought: House District:		
Oppose			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General		
Per Election for Office Sought	Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures	1000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures	22818.98		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
	ate 09 09 2016		
Signature			

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